

APPLICATION FOR RELEASE OF INDIANA GED® TESTS SCORES
(Duplicate GED diplomas are no longer being issued.)

PRINT FULL NAME	
NAME USED ON TEST	
TELEPHONE NUMBER	
DATE OF BIRTH	
GED TEST YEAR	
TEST LOCATION/CITY	

Please mail my scores to:

NAME	
ADDRESS	
CITY/STATE/ZIP	

OR fax my GED tests scores to:

FAX NUMBER	
ATTENTION	

I certify that the above information is true to the best of my knowledge and hereby authorize release of my GED test scores.

<p>APPLICANT'S SIGNATURE REQUEST CANNOT BE PROCESSED WITHOUT APPLICANT'S SIGNATURE</p> <hr/>

Return this release form by MAIL to:

Office of Adult Education
GED Records
151 W. Ohio St.
Indianapolis, IN 46204-2798